Contract reform

Who's to blame?

Sir, can there be any justification or moral basis for blaming and penalising general dental practitioners (GDPs) for outcomes beyond their control? The *Dental contract reform: Prototypes overview document*[1] includes a dental quality and outcomes framework carried forward from previous papers. This places up to 10% of NHS remuneration *'at risk'*; 30% of this (3% of the total contract value) falls into the Clinical Effectiveness (Outcomes) domain where outcomes relate to decayed deciduous and permanent teeth as measured by dt and DT indices, and periodontal health determined by the BPE score.

Virtually all theories of health promotion from the Ottawa Charter of WHO onwards stress the necessity for an overall strategy for health promotion in order for any action to have the greatest chance of success. Vital areas include building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and re-orienting health services. Government inaction has resulted in, amongst other outcomes, failure to construct an effective policy to counter obesity which would have been consistent with actions to reduce sugar intake and thereby have reduced the likelihood of success of an individual dental practitioner in reducing dental disease.

The new dental contract contains a complex pathway for assessing the risk of a patient to dental disease. The embedded nature of oral health-related lifestyle habits informed NICE[2] to conclude that the most consistent predictor of caries risk is past caries experience (clinical evidence of previous disease), again showing an acceptance of the deeply embedded nature of health related habits.

Under the Care Quality Commission regulation of dental practices programme, one of the fundamental questions relates to services being well led. Inspection reports reveal a desire for staff to experience a 'no-blame' culture. This characteristic of good leadership facilitates admission of failings by identifying why things may not have gone as desired and diagnosing actions to take to minimise the risk of recurring events, and continually improve services. A blame culture is overtly evident in the GDC's aggressive approach to GDPs, but it would have been hoped that good leadership principles in service designers and managers might have been manifest in the construction and values of a new contract.

Whilst there may be no doubt that appropriate intervention by GDPs will help to improve the oral health of their patients, it is singularly inappropriate to blame and penalise them for any failure which is clearly outside of their control. While 3% may sound a small proportion of dental remuneration it is 3% of gross practice income which translates into roughly 7% of the dentist's personal income (assuming practice expenses of 55%), or in excess of £5,000 per year. Where is the moral or theoretical justification for this? Are dentists ready to accept a new contract which is fundamentally flawed or will government push the profession along the same track as junior hospital doctors?

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Dental publishing

Peer review reviewed

Sir, we read with interest Faggion's opinion on peer-review.[1] There is little evidence to prove that the pre-publication peer-review fulfils its role and there is plenty of evidence that it does not.[2] Post-publication peer-review has been suggested as an alternative but it is hampered by inadequate participation of the scientific community,[3] although there are portals that have been successful in using such platforms.[4] However, the new models have not dented the traditional system of publishing. In 2013, there were 1.8 million peer-reviewed articles published at a rate of one article every 18 seconds leading to an enormous strain on peer-review.[5] The median time from publication to acceptance is 100 days with journals with lowest and highest impact factors taking the longest time for review.[6] Papers are often rejected by several journals (often higher on ranking) before getting accepted in a journal (often lower on ranking). We propose a system that might address this wastage of futile reviews.

With a general electronic portal exclusively for the purpose of peer-review, manuscripts would be assigned a peer-review score that could be matched to journal impact factors as a guide to authors. Authors would then submit their peer-reviewed papers along with the peer-review score to journals. Editors would only need to match the suitability of the submitted manuscripts in the context of the journal readership instead of soliciting reviews. This would retain the usefulness of the traditional system of pre-publication peer-review while speeding up the entire process by avoiding multiple reviews of the same paper. Authors would still be able to revise their manuscript in order to improve on the peer-review score. Journals would need to register with such a portal. Peer-review prior to publication would be retained but the editorial decision on the suitability of manuscripts would be after and not before peer-review which will have already taken place. In order to discourage submission of scientifically weak manuscripts, a fee could be levied on the authors for availing the facility. The fee could also fund the reviewers for their time and effort.

A. M. Bal, K. K. Mahawar, by email

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4. Walker R, Rocha da Silva P. Emerging trends in peer review – a survey. *Front Neurosci* 2015; **9:** 169.
5. Dinis-Oliveira RJ, Magalhães T. The inherent drawbacks of the pressure to publish in health sciences: good or bad science. *F1000Res* 2015; **4:** 419.
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Fitness to practise

Not new

Sir, '*The professional man has no right other than to be the perpetual student*'; so said G. V. Black nearly 100 years ago.

So succinct and so eloquent, it espouses all that Joanne Brindley sets out in her commendable article *Refection on fitness to practise* (*BDJ* 2016; **221:** 495–498).

The fact that the ethos of this statement has recently been codified by the GDC does not mean it is suddenly new. It certainly does not mean that there has been no 'reflective practice' prior to the turn of this century.

C. Debenham, by email

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